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CONFIRMATION NO. 7977

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/697,454	10/30/2003	600	2873	281-317

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

02/02/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/BRANDI N THOMAS/ Examiner's Signature	Initials		NY	10	99	9

ADDRESS

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TITLE

Apparatus and method for diagnosis of optically identifiable ophthalmic conditions

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